Michigan Department of Treasury 3277 (Rev. 9-02)

Claim for Refund of Unclaimed Property Issued under Public Act 29 of 1995. Filing is required to obtain a refund.

Treasury Use Only			
Claim ID			
Date			
User ID			

To request your refund, complete the claimant information below, verify the owner information and attach the required documentation. Sign this claim in the presence of a notary public. There is no charge for this service.

A. Claimant Information					
		Claimant's Social Security	Claimant's Social Security No. or FEIN		
		Daytime Phone No.	Douting Dhone No.		
	Dayume Phone No.	Dayume Priorie No.			
What is your relationship to the property owner?					
Self Parent Guardian					
Trustee Heir Executor/Administrator Other, specify					
B. Owner Information					
Owner's Name	Owner's Social Security N	Owner's Social Security No. or FEIN			
Co-Owner's Name	Co-Owner's Social Securit	Co-Owner's Social Security No or FEIN			
C. Holder Information					
Name of Financial Institution		Holder's FEIN	Holder's FEIN		
Location (City, State, ZIP Code)	ocation (City, State, ZIP Code)		Date Property Was Originally Reported		
If the property was reported before 1988, include the					
Escheat file number and the page the item was listed on.					
D. Property Being Refunded					
Property Description (general)	Account Number (if applicable)		Amount		
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E. Documentation Required					
The Michigan Department of Treasury, Unclaimed Property Division's goal is to reunite owners or their heirs with the					
unclaimed property turned over to the state when the holder was unable to locate the rightful owner. Claimants must prove					
ownership by furnishing copies of your driver license (or other government picture identification) and your Social Security card. You may need to provide additional documentation to prove ownership.					
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F. Affidavit					
Under penalty of perjury, I certify that the information provided on this claim is true and all supporting documentation is					
either original or unaltered copies of the original documents. Upon payment of this claim, I indemnify the State of Michigan					
and its officers and employees from any damages, claims or losses resulting from payment of the property.					
Claimant's Signature	Notarizati	on			
Co-Claimant Signature					
S.Sdirt Signature					